



Hale Ikena Community Activity Center Facility Reservation Form

Event Information:

Event Date: _____ Start Time: _____ End Time: _____

Event Type: _____ # of Attendees _____

Proposed Layout: Rounds U-Shape Theatre Classroom Other

Setup Options {*Fees Applicable} : _____ Self-Setup/Cleanup _____ Hale Ikena CAC Setup*
*Setup Fee: {\$150.00 per banquet room reserved}

Audio Visual Equipment {Fees Applicable}: _____ Provide Own _____ HICAC Rental**

**Rental Fees: {\$25.00 each: Screen, Projector, Portable Speaker, Podium w/Microphone}

Customer Information:

Name: _____ Unit/Organization: _____

E-Mail: _____ Secondary E-Mail: _____

Phone: _____ Secondary Phone: _____

Address, City, State, Zip: _____

Will you need catering for your event? Yes No Unsure

Will any of your guests require base access? Yes No Unsure

Do you have a military ID card holder sponsor? Yes No Self

Name of Sponsor if not self: _____